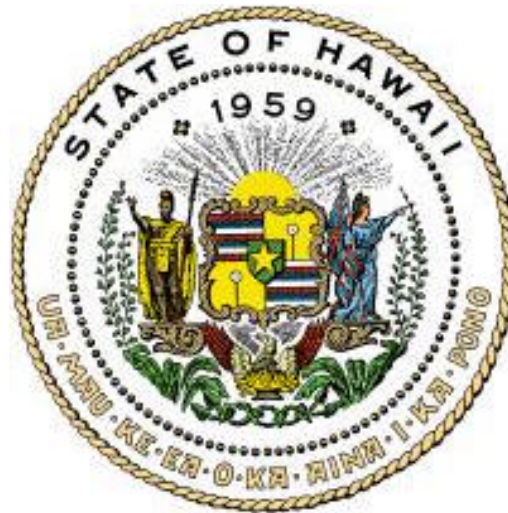


REPORT OF THE HAWAII DRUG CONTROL ACTION WORKING GROUP



OFFICE OF THE LIEUTENANT GOVERNOR
LT. GOV. JAMES R. AIONA, JR.
STATE OF HAWAII

NOVEMBER 2004

Executive Summary

THE PROBLEM AND THE RESPONSE

Illicit drugs and their consequences are ingrained in the public consciousness. Substance abuse erodes our individual and our community's sense of peace and well being and affects every corner of our State—casting its shadow on those closest to us, our friends and families, and the faceless victims known only through the media. The costs—both human and economic—have been staggering, and headlines proclaim losses and triumphs in the war against drugs on a daily basis.

Today, what has galvanized the community is a singularity of purpose—that we must *do* something; act *now* to stem the multitude of problems attributed to substance abuse. In light of this urgency, we offer recommendations for action that continues the work that began with the Hawai`i Drug Control Summit held in September 2003.

Designing Recommendations

This report is the result of many dedicated individuals coming together to discuss and consider appropriate measures that could alleviate the social toll exacted by the problem at hand. It acknowledges that substance abuse is a complex issue that requires a multifaceted, multilayered

approach and summons the resources of the community at large to support the effort.

People gathered to proverbially roll up their sleeves, cross ideological lines, and move past their differences. Ultimately, they used their combined creativity to find common ground that led them to collective decision-making and new solutions. Through a deliberative, facilitated process, they were able to explore problems and possibilities and lay the groundwork for policy and a plan of action to promote safer and healthier communities.

HAWAI`I DRUG CONTROL STRATEGY¹

The Report of the Hawai`i Drug Control Action Working Group should be viewed as a companion piece to the *Hawai`i Drug Control Strategy: A New Beginning*, an overarching policy that encourages government and communities to work together to mobilize diverse resources and base funding priorities on critical needs. The Strategy advocates coordination, collaboration, and linkages among disparate strategies and entities and offers an integrated and cohesive response—one that bridges differences and asks individuals and organizations to work in partnership rather than in opposition.

A Systems Approach

Because substance abuse and underage drinking problems are interlinked with a range of social issues and causal roots, including crime and poverty, it was clear that a systems approach in which people take responsibility for a shared future would be the most effective basis for a strategy.

A systems approach represents a change in how policies and interventions are implemented and how resources are allocated. The model assesses underlying structural relationships and patterns of behavior over time by examining forces that sustain or restrain interventions and any unintended consequences. It allows us to recognize that “quick fixes” can divert attention from the fundamental problem and may simply be “bandaids” rather than a cure, especially when symptoms of the problem are removed without dealing with underlying causes.

Even views on leadership need to be re-evaluated. Whereas organizations once relied on management-driven initiatives, it is widely recognized that collaborative approaches to develop strategy and resolve problems are more effective. Leadership no longer has to follow prescribed hierarchy or lines of authority. Although government traditionally has set policy, it is clear that leadership can arise out of community involvement. Communities can influence their own destiny and thus demonstrate the political will necessary to deal with current problems.

Mission and Goals

The mission of the *Hawai`i Drug Control Strategy* is to reduce harm to our community by responding to the unique prevention, treatment, criminal justice, and law enforcement needs associated with drug distribution, substance abuse, and underage drinking. Drawing upon government-community partnerships, the Strategy seeks to reduce the factors that put residents at risk for substance abuse and increase protective factors to safeguard the people of Hawai`i from its negative consequences.

Its goals mirror those of the National Drug Control Policy and propose that the State:

- Prevent illicit drug use and underage drinking before they start.
- Treat drug and alcohol abusers.
- Disrupt the distribution of illicit drugs.

Guiding Principles

In support of the mission and goals of the Strategy, guiding principles were developed, based on a set of values and ideas that underpin a systems approach. Planners and the public should:

- View the problem holistically and use a cohesive, multilayered, and balanced approach.
- Define problems, make effective decisions, and improve performance.
- Urge closer community involvement.
- Support a diversity of perspectives and opinions throughout the planning and implementation process. Capitalize on the strengths of key stakeholders.

- Improve and optimize interconnectedness within the whole system.
- Build and sustain networks of collaboration across established boundaries.
- Tap into the potential of systems to achieve better outcomes.
- Recognize that “quick fixes” or short-term solutions may have grave consequences.
- Develop process and formative evaluations necessary to determine effectiveness of the strategic framework.
- Advocate exemplary, research-based “best practices,” and evidenced-based outcomes.

From Policy to Practice

As a conceptual umbrella, the Strategy’s primary aim is to rise above politics and organizational interests to achieve the greater good. It proposes a shift in the approach to the substance abuse and underage drinking problem in Hawai‘i—away from categorical and crisis-oriented to one that is holistic, integrated, and comprehensive.

With the Strategy as the framework, the stage is set for recommendations for action. Yet, moving from the theoretical to what is practical and feasible is a balancing act rooted in the complicated realities of public expectations and government capabilities.

A strategy in and of itself has no meaning unless it is used. It is one thing to create policy and quite another to give it functionality and value across the State.² The test will be in retaining coherence and compassion as we reach out to help those most in need.

THE ACTION PLANNING PROCESS³

Action Working Group

Ninety individuals were invited to develop recommendations for action that build on the recommendations drafted by 350 attendees of the Hawai‘i Drug Control Strategy Summit. Group members consisted of a wide range of community representatives who were selected on the basis of their expertise in the subject matter, community involvement, geographic representation, visionary abilities, diverse viewpoints, and willingness to engage in collaborative activities.

Members were asked to identify opportunities to improve the system of services that target drugs and underage drinking in Hawai‘i. Their responsibility was to develop short- and long-term goals, first outlining action steps that will be implemented within the next 2 to 3 years while keeping in mind a long-term plan that will guide the State through the next 10 to 20 years.

Five committees—Prevention, Treatment, Legal Issues, Community Mobilization, and Multi-Sector Collaboration were convened. Committees focused on priorities identified in the recommendations generated from the Summit. These areas offer promise for specific actions and strengthen the capacity of individuals and communities to deal with substance abuse and underage drinking.

Evolution of the Process

A series of ten meetings were held from May to September

2004. Full and half-day sessions allowed participants to meet as a large group to compare individual committee decisions and shorter meetings to focus discussions in each area.

The agendas for the first four meetings were prepared by the lead facilitator. These meetings concentrated on creating a shared vision by:

- generating an initial list of ideas for taking action using success stories to identify opportunities for building on or replicating success,
- developing criteria for evaluating action opportunities,
- applying criteria to the initial list of actions, and
- drafting a vision statement.

Individual committees designed their own action planning process for meetings #5 through 9, focusing on:

- data and information required for informed decision-making,
- outcomes—determining what success looks like, evaluation methods, and barriers to success,
- impact on others—community voice and quick fixes, and
- sustainability—resources, media marketing.

Committee members received a packet of prototype agendas created by the lead facilitator. The agendas outlined mandatory and optional tasks to be completed at the remaining sessions. Members could choose any sequence of tasks, as they constructed their own agendas. They were required to produce their recommended actions

and supporting arguments by meeting #10. (See Figure 1 on p. 9.)

By the last meeting, it was expected that the committees would have one to five clearly articulated recommendations for the action plan and that they would be supported by:

- a. data and information to make a compelling case,
- b. anticipated outcomes or results that move the State closer to its vision,
- c. an understanding of the impact these proposed actions would have on others, and
- d. strategies for sustainability over time.

Establishing a Shared Vision

A major objective of the planning process also included development of a vision statement. A vision drafting team consisting of one member from each of the committees was assembled to develop a unified vision for the Action Working Group, investigate collaborative themes, and initiate dialogue among groups.

Their final vision statement addresses the question, “*What do we want Hawai‘i to look like in 2024?*” The vision incorporates the focus of each committee, and the supporting statement expands on the concept.

Vision

Free from drug abuse, Hawai‘i is a thriving and healthy community, which is the fruit of collaborative efforts.

Supporting Statement

Drawing upon its rich and diverse cultural traditions

and resources, Hawai`i is mobilized to work together, sustaining efforts to ensure a safe and nurturing community by:

- Providing prevention services and education for everyone from the very young to the very old, fostering a lifestyle free of drug abuse which allows each person to realize one's full potential,*
- Sharing the responsibility for the care and treatment of those affected by drug and alcohol abuse and addiction, and*
- Enforcing sensible and reasonable laws to reduce drug and alcohol abuse and addiction.*

RECOMMENDATIONS FOR ACTION

Members were urged to think creatively and to seek out innovative solutions. The challenge was to tap into the collective wisdom and bring all of the many points of view into the dialogue. To this end, the facilitators were vital catalysts. The inclusiveness that was a hallmark of committee membership produced dynamic conversations as members hammered out recommendations to move the Hawai`i Drug Control Strategy forward.

Committees were given instructions on how to craft strong recommendations. Proposed actions should demonstrate that:

1. There is a compelling case that action in this area will make a real difference.
2. They build on or work well with existing initiatives that are already making a difference.

3. We can foresee short-term accomplishments that will keep us motivated on the road to long-term change.
4. We have knowledgeable leadership to guide our efforts.
5. We can foster political support for collaborative action across professional disciplines, party lines, State departments, counties, islands, and neighborhoods.⁴

The discourse built trust, understanding, and respect, while meetings bridged political and organizational divides. Negotiating an agreed upon course of action was sometimes difficult, but ultimately rewarding.

NEXT STEPS

This Report heralds a new level of optimism and hope for the State and its residents as we undertake the next phase. The hard work and vision of the Prevention, Treatment, Legal Issues, Community Mobilization, and Multi-Sector Collaboration committees produced designs for a future that reflected a truly comprehensive perspective of how we can lessen, if not eliminate, substance abuse and underage drinking. The Report reflects the first time such a wide range of individuals have gathered together to create a *statewide* plan—one that builds on previous and ongoing initiatives in community, government and private sectors.

As demand for solutions grows, the State must find new approaches and ensure that we derive maximum benefit from the resources available. The objective is to draw the

best ideas from the recommendations. Transforming policy into viable mechanisms would enable individuals, communities, and organizations to develop highly focused actions and direct resources where they are most needed.⁵

Also, we need to keep in mind that the Plan, like the Hawai'i Drug Control Strategy, must be evaluated on a regular basis and evolve to reflect the changing needs of communities.

What remains constant is the commitment of the Office of the Lieutenant Governor to provide the leadership necessary to bring about sustainable change that will result in a better life for the people of Hawai'i. It is a pledge that will abide; however, the Office acknowledges that it cannot

work in isolation and needs the support and continued cooperation from all sectors of the community.

The development of this Report is a preliminary step in tackling the problems of substance abuse and underage drinking in our State. The tougher task of its implementation lies ahead.

The commitment and cooperation of those who took part in the action planning process is unprecedented. It speaks to the gravity of the issue in our communities.

Here is the possibility to initiate collective action among diverse groups and the opportunity to restore and reinvigorate our communities. Here is the potential to shape the coming years inspired by our conscience and convictions and begin the journey toward a better future.

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	i
TABLE OF CONTENTS	vii
LIST OF FIGURES	ix
I. INTRODUCTION	
A. The Problem and The Response.....	1
Designing Recommendations	1
B. About This Report.....	1
II. HAWAII DRUG CONTROL STRATEGY	
A. Background	3
B. A Systems Approach.....	3
C. Mission and Goals.....	4
D. Guiding Principles.....	4
E. From Policy to Practice	5
III. THE ACTION PLANNING PROCESS	
A. Hawai'i Drug Control Action Working Group	6
Selection of Committee Members	6
Roles and Expectations	6
Key Strategic Areas	7

B. Evolution of the Process	7
Overview of Meetings and Agendas	7
Establishing a Shared Vision	10
Seizing an Opportunity	10
IV. RECOMMENDATIONS FOR ACTION	
A. Prevention	12
B. Treatment	16
C. Legal Issues.....	23
D. Community Mobilization.....	27
E. Multi-Sector Collaboration.....	31
V. NEXT STEPS	35
END NOTES	37
REFERENCES	39
APPENDICES	
APPENDIX A: GUIDELINES FOR SUCCESS IN COMMITTEES	
APPENDIX B: COMMUNITY MOBILIZATION COMPELLING CASE SUPPORT MATERIALS	

LIST OF FIGURES

Figure 1. Action Planning Process: Timeline and Components.....9

Figure 2. Treatment Continuum of Care22

Figure 3. Structure for Coordinating Council33

Figure 4. Details of the Coordinating Council34

Introduction

THE PROBLEM AND THE RESPONSE

Illicit drugs and their consequences are ingrained in the public consciousness. Substance abuse erodes our individual and our community's sense of peace and well being and affects every corner of our State—casting its shadow on those closest to us, our friends and families, and the faceless victims known only through the media. The costs—both human and economic—have been staggering, and headlines proclaim losses and triumphs in the war against drugs on a daily basis.

Today, what has galvanized the community is a singularity of purpose—that we must *do* something; act *now* to stem the multitude of problems attributed to substance abuse. In light of this urgency, we offer a Report that continues the work that began with the Hawai'i Drug Control Summit held in September 2003.

Designing Recommendations

This Report is the result of many dedicated individuals coming together to discuss and consider appropriate measures that could alleviate the social toll exacted by the problem at hand. It acknowledges that substance abuse is a complex issue that requires a multifaceted, multilayered

approach and summons the resources of the community at large to support the effort.

People gathered to proverbially roll up their sleeves, cross ideological lines, and move past their differences. Ultimately, they used their combined creativity to find common ground that led them to collective decision-making and new solutions. Through a deliberative, facilitated process, they were able to explore problems and possibilities and lay the groundwork for policy and a plan of action to promote safer and healthier communities.

ABOUT THIS REPORT

The following report describes the recommendations generated from a series of action planning meetings that took place from May to September 2004.

The Plan does not seek to duplicate other strategies already in operation, but acknowledges their existence and seeks to facilitate cooperative action across sectors and issues. It is not intended to be prescriptive and does not offer detailed timelines. More specific action, including short- and long-term initiatives will be articulated in the Hawai'i Drug

Control Plan that will be released in January 2005, and further public dialogue will be undertaken soon.

This document, along with the *Hawai'i Drug Control Strategy: A New Beginning*, constitutes a foundation and a springboard for future efforts. Both were crafted with compassion, respect, and care for those affected by substance abuse. Their success depends on continued community involvement, leadership, and commitment.

Hawai`i Drug Control Strategy⁶

BACKGROUND

The Report should be viewed as a companion piece to the *Hawai`i Drug Control Strategy: A New Beginning*, an overarching policy that encourages government and communities to work together to mobilize diverse resources and base funding priorities on critical needs. The Strategy advocates coordination, collaboration, and linkages among disparate strategies and entities and offers an integrated and cohesive response—one that bridges differences and asks individuals and organizations to work in partnership rather than in opposition.

The Strategy was the final product of the Hawai`i Drug Control Strategy Summit. The conference was convened by the Office of the Lieutenant Governor to foster opportunities for discussion and debate among individuals who share common interests and concerns and to gain a broader consensus on illegal drugs and drug-related crime.

The Summit was the culmination of a number of activities that took place to focus attention on the issues, the centerpiece of which was a series of fourteen statewide “Talk Story” forums conducted by Lieutenant Governor James R. Aiona, Jr. These sessions were used to gather public

comments, suggestions, and ideas and incorporate community wisdom into the strategic planning process.

It was anticipated that an outcome of the Summit would be a shared vision that would serve as the foundation on which to create systemic change. By adopting a larger mission, the State could cross traditional boundaries to maximize efforts, make the best use of scarce resources, and extend community efforts and alliances to channel the current level of community concern into action.

A SYSTEMS APPROACH

The foundation for the Strategy was built on lessons learned at the Hawai`i Drug Control Summit and “Talk Story” sessions. Because substance abuse and underage drinking problems are interlinked with a range of social issues and causal roots, including crime and poverty, it was clear that a systems approach in which people take responsibility for a shared future would be the most effective basis for a strategy.

The methodology is a circular approach to problem solving and looks at the totality of an issue. Rather than a simple cause-and-effect design, the approach emphasizes the interrelatedness of all variables. It requires that we look at

the entire picture instead of sequential, discrete solutions.

A systems approach represents a change in how policies and interventions are implemented and how resources are allocated. The model assesses underlying structural relationships and patterns of behavior over time by examining forces that sustain or restrain interventions and any unintended consequences. It allows us to recognize that “quick fixes” can divert attention from the fundamental problem and may simply be “bandaids” rather than a cure, especially when symptoms of the problem are removed without dealing with underlying causes.

Even views on leadership need to be re-evaluated. Whereas organizations once relied on management-driven initiatives, it is widely recognized that collaborative approaches to develop strategy and resolve problems are more effective. Leadership no longer has to follow prescribed hierarchy or lines of authority. Although government traditionally has set policy, it is clear that leadership can arise out of community involvement. Communities can influence their own destiny and thus demonstrate the political will necessary to deal with current problems.

MISSION AND GOALS

The mission of the *Hawai`i Drug Control Strategy* is to reduce harm to our community by responding to the unique prevention, treatment, criminal justice, and law enforcement needs associated with drug distribution, substance abuse, and underage drinking. Drawing upon

government-community partnerships, the Strategy seeks to reduce the factors that put residents at risk for substance abuse and increase protective factors to safeguard the people of Hawai`i from its negative consequences.

Its goals mirror those of the National Drug Control Policy and propose that the State:

- Prevent illicit drug use and underage drinking before they start.
- Treat drug and alcohol abusers.
- Disrupt the distribution of illicit drugs.

GUIDING PRINCIPLES

In support of the mission and goals of the Strategy, guiding principles were developed, based on a set of values and ideas that underpin a systems approach. Planners and the public should:

- View the problem holistically and use a cohesive, multilayered, and balanced approach.
- Define problems, make effective decisions, and improve performance.
- Urge closer community involvement.
- Support a diversity of perspectives and opinions throughout the planning and implementation process. Capitalize on the strengths of key stakeholders.
- Improve and optimize interconnectedness within the whole system.
- Build and sustain networks of collaboration across established boundaries.

- Tap into the potential of systems to achieve better outcomes
- Recognize that “quick fixes” or short-term solutions may have grave consequences.
- Develop process and formative evaluations necessary to determine effectiveness of the strategic framework.
- Advocate exemplary, research-based “best practices,” and evidenced-based outcomes.

FROM POLICY TO PRACTICE

As a conceptual umbrella, the Strategy’s primary aim is to rise above politics and organizational interests to achieve the greater good. It proposes a shift in the approach to the

substance abuse and underage drinking problem in Hawai‘i—away from categorical and crisis-oriented to one that is holistic, integrated, and comprehensive.

With the Strategy as the framework, the stage is set for recommendations for action. Yet, moving from the theoretical to what is practical and feasible is a balancing act rooted in the complicated realities of public expectations and government capabilities.

A strategy in and of itself has no meaning unless it is used. It is one thing to create policy and quite another to give it functionality and value across the State.⁷ The test will be in retaining coherence and compassion as we reach out to help those most in need.

The Action Planning Process⁸

ACTION WORKING GROUP

Selection of Committee Members

Ninety individuals were invited to develop recommendations for action that build on the recommendations drafted by 350 attendees of the Hawai'i Drug Control Strategy Summit. Committee members consisted of a wide range of community representatives who were selected on the basis of their expertise in the subject matter, community involvement, geographic representation, visionary abilities, diverse viewpoints, and willingness to engage in collaborative activities.

Individuals from all levels of government (Federal, State, county), non-governmental organizations, and the private sector agreed to participate in the deliberations. They brought to the table a cross-spectrum of knowledge and experience. The main criteria for inclusion was their underlying interest and concern in the problem. The inclusiveness of the group, naturally multi-dimensional in outlook, gave a breadth and pluralism to the discussions that followed.

Roles and Expectations

Members were asked to identify opportunities to improve the system of services that target substance abuse and underage drinking in Hawai'i. Their responsibility was to develop short- and long-term goals, first outlining action steps that could be implemented within the next 2 to 3 years while keeping in mind a long-term plan that will guide the State through the next 10 to 20 years.

Members were expected to:

1. Think big. Think small. Think out of the box. Think collaboratively.
2. Identify key leverage points that nudge the system of services towards greater efficacy and effectiveness.
3. Be open-minded.
4. Role model collaborative behavior.
5. Incorporate the "voice of the community."⁹ (See also Appendix A.)

To aid the process, Conveners and Co-Conveners were nominated by their committees to provide basic leadership and a point of communication throughout the planning process. In addition, committees were supported by facilitators and consultants throughout the action planning process.

Key Strategic Areas¹⁰

Five committees – Prevention, Treatment, Legal Issues, Community Mobilization, and Multi-Sector Collaboration were convened. Committees focused on priorities identified in the recommendations generated from the Summit. These areas offer promise for specific actions and strengthen the capacity of individuals and communities to deal with substance abuse and underage drinking.

As stated in the *Hawaiʻi Drug Control Strategy*, prevention will continue to be the Administration’s first line of defense. Prevention builds awareness about substance abuse and involves education about the risks and what can be done to avoid addiction.

Secondly, there is an expectation that a range of treatment services will be accessible, regardless of age, race, gender, sexual preference, and geographic location. Treatment consists of a continuum of interventions and support programs. These range from outreach to relapse prevention services.

Thirdly, law enforcement and the criminal justice system must be linked to community-wide drug prevention efforts and provide measured criminal justice sanctions that help drug abusers seek treatment and achieve successful outcomes. Legal issues include changing State laws to enhance society’s ability to eliminate underage drinking and illegal drug use and provision of the laws and means necessary for arrest, prosecution, and sentencing.

Lastly, community mobilization and multi-sector collaboration share a similar purpose—cultivating a support system of partnerships and cooperative relationships.

Community mobilization encompasses building community-based coalitions to leverage and coordinate resources that reduce, prevent, and eliminate drug-related and underage drinking problems. Multi-sector collaboration looks to ensure the sustainability of efforts by engaging stakeholders in solving systemic challenges.

No single strategy or solution pursued alone or to the detriment of other initiatives can work to contain or reduce substance abuse and underage drinking. Rather, it will require the implementation of “a cohesive, multilayered, and balanced approach.” As a State, we have to move forward on several paths at once if we are to be successful.

EVOLUTION OF THE PROCESS

Overview of Meetings and Agendas

A series of ten meetings were held from May to September 2004. Full and half-day sessions allowed participants to meet as a large group to compare individual committee decisions and shorter meetings to focus discussions in each area.

The agendas for the first four meetings were prepared by the lead facilitator. These meetings concentrated on creating a shared vision by:

- generating an initial list of ideas for taking action using success stories to identify opportunities for building on or replicating success,

- developing criteria for evaluating action opportunities,
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Individual committees designed their own action planning process for meetings #5 through 9, focusing on:

- data and information required for informed decision-making,
- outcomes—determining what success looks like, evaluation methods, and barriers to success,
- impact on others—community voice and quick fixes, and
- sustainability—resources, media marketing.

Committee members received a packet of prototype agendas created by the lead facilitator. The agendas outlined mandatory and optional tasks to be completed at the remaining sessions. Members could choose any sequence of tasks, as they constructed their own agendas. They were required to produce their recommended actions and supporting arguments by meeting #10. (See Figure 1.)

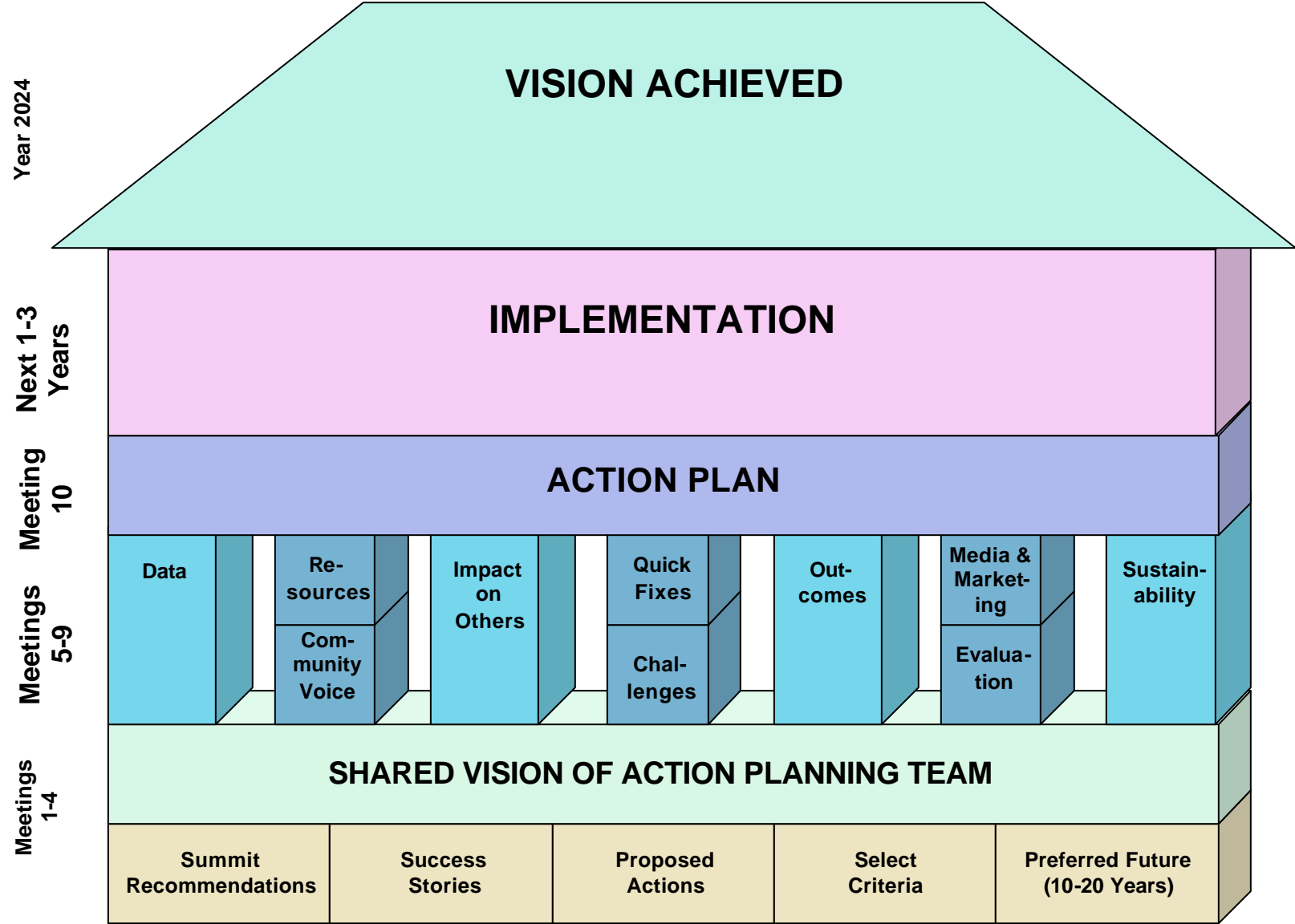
Mandatory Tasks

- ◆ **Data and information required for informed decision-making**—Identify and acquire critical data that will allow for informed decision-making on the proposed actions.
 - Identify data and information and build a compelling case for action.
 - Select critical data and information.
 - Identify volunteers to locate the data and information.
- ◆ **Outcomes: Determining what success looks like**—Identify anticipated outcomes resulting from the proposed actions.
 - Identify positive changes or successes that will result from the proposed actions within the next 3 to 5 years.
 - Select key outcomes or changes to track and monitor.
- ◆ **Impact on others**—Identify the intended and unintended impact the proposed actions will have on others.
 - Identify key stakeholders and how they will be affected by the proposed actions.
 - Given the potential impact of the proposed action, determine whether or not to move forward with the proposed action.
- ◆ **Sustainability**—Identify critical elements that must be in place to sustain the proposed actions over time.
 - Identify the top priority elements for sustainability.

Optional Components

- ◆ **Evaluation methods**—Identify short-term (1 year) and intermediate (2 to 3 years) changes.
- ◆ **Barriers to success**—Identify the challenges or barriers to success that will impede the proposed actions.
- ◆ **Community voice**—Identify key stakeholders whose input and feedback would provide valuable information and ways to include them.
- ◆ **Quick fixes**—Identify previous attempts to implement changes similar to the proposed actions, the results of those attempts, and the potential for “quick fixes” now to move the proposed actions forward.
- ◆ **Media and marketing**—Identify the media and marketing strategies required to support the proposed actions.

Figure 1. Action Planning Process: Timeline and Components



By the last meeting, it was expected that the committees would have one to five clearly articulated recommendations for the report and that they would be supported by:

- a. data and information to make a compelling case,
- b. anticipated outcomes or results that move the State closer to its vision,
- c. an understanding of the impact these proposed actions would have on others, and
- d. strategies for sustainability over time.

Establishing a Shared Vision

A major objective of the planning process also included development of a vision statement. A vision drafting team consisting of one member from each of the committees was assembled to develop a unified vision for the Action Working Group, investigate collaborative themes, and initiate dialogue among groups.

Their final vision statement addresses the question, “*What do we want Hawai`i to look like in 2024?*” The vision incorporates the focus of each committee, and the supporting statement expands on the concept.

Vision

Free from drug abuse, Hawai`i is a thriving and healthy community, which is the fruit of collaborative efforts.

Supporting Statement

Drawing upon its rich and diverse cultural traditions and resources, Hawai`i is mobilized to work together,

sustaining efforts to ensure a safe and nurturing community by:

- *Providing prevention services and education for everyone from the very young to the very old, fostering a lifestyle free of drug abuse which allows each person to realize one’s full potential;*
- *Sharing the responsibility for the care and treatment of those affected by drug and alcohol abuse and addiction; and*
- *Enforcing sensible and reasonable laws to reduce drug and alcohol abuse and addiction.*

Seizing an Opportunity

The action planning process provided a unique opportunity to examine the full complement of issues and problems associated with substance abuse and underage drinking in Hawai`i. An important characteristic was its inclusive nature in terms of content, participation, and approach. With its multidisciplinary focus, the process honored all stakeholders, from health and social services to law enforcement and consumers, and recognized that each had a crucial role to play.

Meetings supported new alliances and partnerships between assorted groups who previously had not worked together and reinforced the principle that the more people committed to the approach, the greater the chance of success.¹¹

Recommendations for Action¹²

Members were urged to think creatively and to seek out innovative solutions. The challenge was to tap into the collective wisdom and bring all of the many points of view into the dialogue. To this end, the facilitators were vital catalysts. The inclusiveness that was a hallmark of committee membership produced dynamic conversations as members hammered out recommendations to move the Hawai`i Drug Control Strategy forward.

Committees were given instructions on how to craft strong recommendations. Proposed actions should demonstrate that:

1. There is a compelling case that action in this area will make a real difference.
2. They build on or work well with existing initiatives that are already making a difference.
3. We can foresee short-term accomplishments that will keep us motivated on the road to long-term change.
4. We have knowledgeable leadership to guide our efforts.
5. We can foster political support for collaborative action across professional disciplines, party lines, State departments, counties, islands, and neighborhoods.¹³

The discourse built trust, understanding, and respect, while meetings bridged political and organizational divides. Negotiating an agreed upon course of action was sometimes difficult, but ultimately rewarding.

The following articulates the final recommendations from the committees. The text has undergone minimal editing to remain faithful to the intent of the committees.

PREVENTION

In the course of working together, the Prevention Committee felt it was important to define the group's philosophy of prevention. It was agreed that people of all ages are at risk for substance abuse although the contributing stress factors may differ from the very young to teens, adults, and seniors. Because of this, the decision was made that age-appropriate prevention strategies should be developed to address the risk and protective factors that are involved at each of the different life stages of an individual.

The committee discussed what a statewide prevention plan might look like. As the discussion evolved, two concepts

that seemed essential to a statewide plan emerged—lifelong learning and a sense of belonging to one's community. Although prevention strategies need to be developed for all age groups, the committee decided to focus on strategies related to children and youth since data and information tell us that this is the life stage during which people are both at high risk for substance abuse and most able to be reached by prevention strategies.

The committee's ideas were not intended to be the entire answer, merely a starting point for the "prevention at all ages" conversation.¹⁴

Action Recommendation

1. Sense of Belonging

Network of Activities

Create a comprehensive network of afterschool activities for youth, ages 11 to 14, which is youth-driven and meets the diverse needs of this group.

Compelling Case

We need to provide positive, safe opportunities that help our youth realize their full potential.

From age 11 to 14, youth undergo a critical transition period during which they experience significant developmental changes. They have less parental supervision after school than when they were younger but are not yet completely independent. This is the age when we see early onset of problem behaviors, including drug use, delinquency, etc.

To address this critical transition period and the challenges it presents, the committee proposes creating a comprehensive network of afterschool activities for youth, ages 11 to 14, which is youth-driven and meets the diverse needs of this group.

The spectrum of coordinated activities should be statewide, broad enough to engage as many 11 to 14 year olds as possible, and provide opportunities for them to develop critical life skills that will allow them to make positive life choices and be connected to their community.

This network should include programs that are affordable, accessible, and fill gaps in existing activities.

Without this comprehensive network of activities, many 11 to 14 year olds will be left unsupervised during non-school hours. Lack of appropriate structure and guidance during this critical transition period will result in more youth engaging in problem behaviors and getting into serious trouble (i.e., drug use, joining gangs, being arrested, teen pregnancy, etc.).

PREVENTION

Action Recommendation

2. Lifelong Learning

The Birthday Card Program

Create a program in which the Governor and Lieutenant Governor send each child in Hawai'i birthday cards at critical ages with messages about good citizenship and a list of activities and incentives that will help them make positive life choices. We envision this program as a sustained effort beginning with the Governor's office and continuing all the way down to parents in the community. It would be one facet of a larger statewide campaign to help kids do the right thing.

Compelling Case

We want to let our children know we value them.

The committee recommends the Birthday Card Program as an effort to help children establish an early connection to their community and to maintain a sense of belonging.

As the centerpiece of this program, the Governor and the Lieutenant Governor will send each child a birthday card at critical ages (i.e., 7 [when we see early onset of drug use], 10 [transition into middle school], 13 [transition into high school], 14 [sophomore year] and 17 [transition into adult life]) with an age-appropriate message about good citizenship and lists expectations, activities, and incentives to help them make positive life choices.

The plan is based on the balance between risk and protective factors and our moral obligation to help our children grow up to be resilient, responsible citizens who will address issues in their communities.

If youngsters do not have a sense of belonging, they become isolated and might engage in the behaviors that we are trying to prevent, such as gangs, abuse and neglect, substance abuse, teen pregnancy, etc. The negative behaviors will snowball.

PREVENTION

Additional Ideas

Additional ideas surfaced, but the Prevention Committee did not have time to complete these proposals.

Ages 0–7

Our recommendations address children beginning at 7 years of age, but prevention really needs to start in early childhood (birth to 7 years) as well. This stage provides wonderful opportunities to help parents and caregivers identify their own and their children's stresses and risks related to substance abuse and understand how these factors are integrally connected. Therefore, any related prevention strategies should promote working with children in the context of their families.

Elderly Population

Substance abuse occurs in our elderly population as well. Some senior citizens are at risk for prescription drug abuse. We should also consider prevention strategies for our seniors.

Mini-Grant Program Expansion

We would like to see existing mini-grant programs, like those offered through the Hawai'i Community Foundation, expanded to allow more groups the opportunity to create prevention strategies at the neighborhood and community levels. These mini-grant programs should be available to a wider range of communities and would be simplified so that the funds are even more accessible than they currently are.

TREATMENT

The Treatment Committee felt it was essential that a working definition of “treatment” be established to guide the committee in its deliberations and to set forth a “new” perspective for future planning—about what is involved in addressing the treatment needs of individuals with chemical dependency problems.

The committee agreed that “treatment” should be available through a “continuum of care” through which individuals and their families would “move” or change, depending on their individualized needs.

This continuum consists of the following key components:

- Outreach
- Engagement
- Stabilization
- Assessment and treatment matching

- Interventions
- Recovery and relapse prevention

The continuum represents a “starting point.” At this time, it may not necessarily include all components, but it does provide a minimum level of care and support.

The committee also discussed the concept of “resources” and determined that it included not only financial resources, but also gifts from individuals, groups, communities, facilities, etc. While additional funds may be required in some areas of the continuum, the committee believes that Hawaiʻi is a State that is “resource rich” in many other ways. We must capitalize on all of the resources available in our islands if treatment is going to be successful, sustainable, and effective.¹⁵

TREATMENT

The Treatment Committee action recommendations were based on established principles. These included:

Core Beliefs About Treatment

- Based on best practices
- Responsive to individual, family, and community needs
- Utilize multiple supports
- “No Wrong Door” – many ways to access help
- Proper match: right time, right place, right person
- Connectedness – groups, families, communities
- Responsibility – to self, to family, to community
- We are all a community of learners.
- When someone enters treatment, we should already be planning on their return to the community.
- Empowered, knowledgeable communities are key to re-entry and success (welcome, receive, support).
- Treatment success should be measurable.
- Support/resources for programs need to be sustainable.
- Support/resources for programs need to be statewide.
- The continuum is built upon a foundation of enduring commitment.

These beliefs and values are consistent with those of the Center For Substance Abuse Treatment (CSAT) and its *National Treatment Plan Initiative*, which include:

1. “Invest for Results”
2. “No Wrong Door”

3. “Commit to Quality”
4. “Change Attitudes”
5. “Build Partnerships”

Continuum of Care

In keeping with the core beliefs about treatment, the committee developed a continuum of care that reflects a full spectrum of supports and interventions that must be in place if we are to meet the needs of those requiring chemical dependency assistance. (See Figure 2 on p. 22.)

The continuum has no beginning or end. An individual may “move” along this continuum as he/she deems necessary. The key phases identified have many “subsets” within them and describe an array of services, including those “before and after” the more “traditional” treatment interventions that most people consider. These approaches are integral to the full range of services needed to impact an individual’s life for the long term.

The success of this model is highly dependent on a community that is prepared to welcome back its citizens. All components of our community need to pull together to assure an individual’s success after he/she re-enters their family and community.¹⁶

TREATMENT

Action Recommendation

1. Treatment Continuum

Enhance the current treatment system of care and develop a resource structure that is adequate to support the full continuum of care, which includes, but is not limited to, outreach, assessment, treatment matching, engagement, stabilization, interventions, and relapse prevention services.

Compelling Case

A compelling case for the proposed action can be made by showing that the rate of treatment success will increase if services at each end of the treatment continuum are developed and available (accessible).

Existing data and information to make the compelling case:

- Alcohol and Drug Abuse Division (ADAD) Treatment Survey – wait list of 100 to 200 people for 100 available beds
- Data and research on likelihood of success in treatment if motivational/recovery/ancillary services are provided
- Data on relapses
- Data to reflect appropriate treatment to meet needs

Data still needed to support our case:

- Evidence that people stay longer in some programs than needed because there is nowhere to place them
- Evidence/research that transitional services are necessary for effective treatment
- Data from prisons; on psychiatric needs, housing, ancillary services used
- National data to support the need for services at the ends of the continuum

Compelling Case

Outcomes:

- A comprehensive and complete inventory of resources/ services is available. Also, a process for assessing and maintaining the inventory is in place and would include:
 - ✓ Information on people who fall out of the services
 - ✓ Identification of major gaps so that planning will identify priorities to fill the gaps
 - ✓ Group/entity/system to manage and track information/inventory of services/resources
- Wait list and retention rates will be reduced.
 - ✓ Common set of measures of treatment success that relates to the continuum of treatment care and a plan for implementing use of these measures
 - ✓ Comprehensive statewide information system
- Other outcomes/indicators of success:
 - ✓ Increase number getting needed treatment.
 - ✓ Increase treatment success.
 - ✓ Improve match between need and treatment (appropriate services/treatment to meet person's needs).
 - ✓ Increase in percentage of treatment goals being met.
 - ✓ Reduce crimes.
 - ✓ Increase quality of life (housing, employment, etc.).
 - ✓ Reduce recidivism.
 - ✓ Increase occurrence of clean urine analysis (UAs).

Compelling Case

Impact:

- Key stakeholders who need to be involved to implement/refine the proposed action:
 - ✓ Neighborhood/community associations
 - ✓ Government agencies (Department of Health, Department of Human Services, Department of Education, Judiciary/Criminal Justice System/Housing)
 - ✓ Faith-based communities
- Natural community leaders
- Need leadership to convene groups and take action in the community, i.e., Multi-sector Coordinating Council which would result in:
 - ✓ Agencies working toward common goal(s) rather than each agency working on its own priorities
 - ✓ Leadership from public and community/private sectors to make sure things get done
 - ✓ Motivation/authority for community-based leadership to emerge
 - ✓ Goal that all sectors/groups work together toward common goals

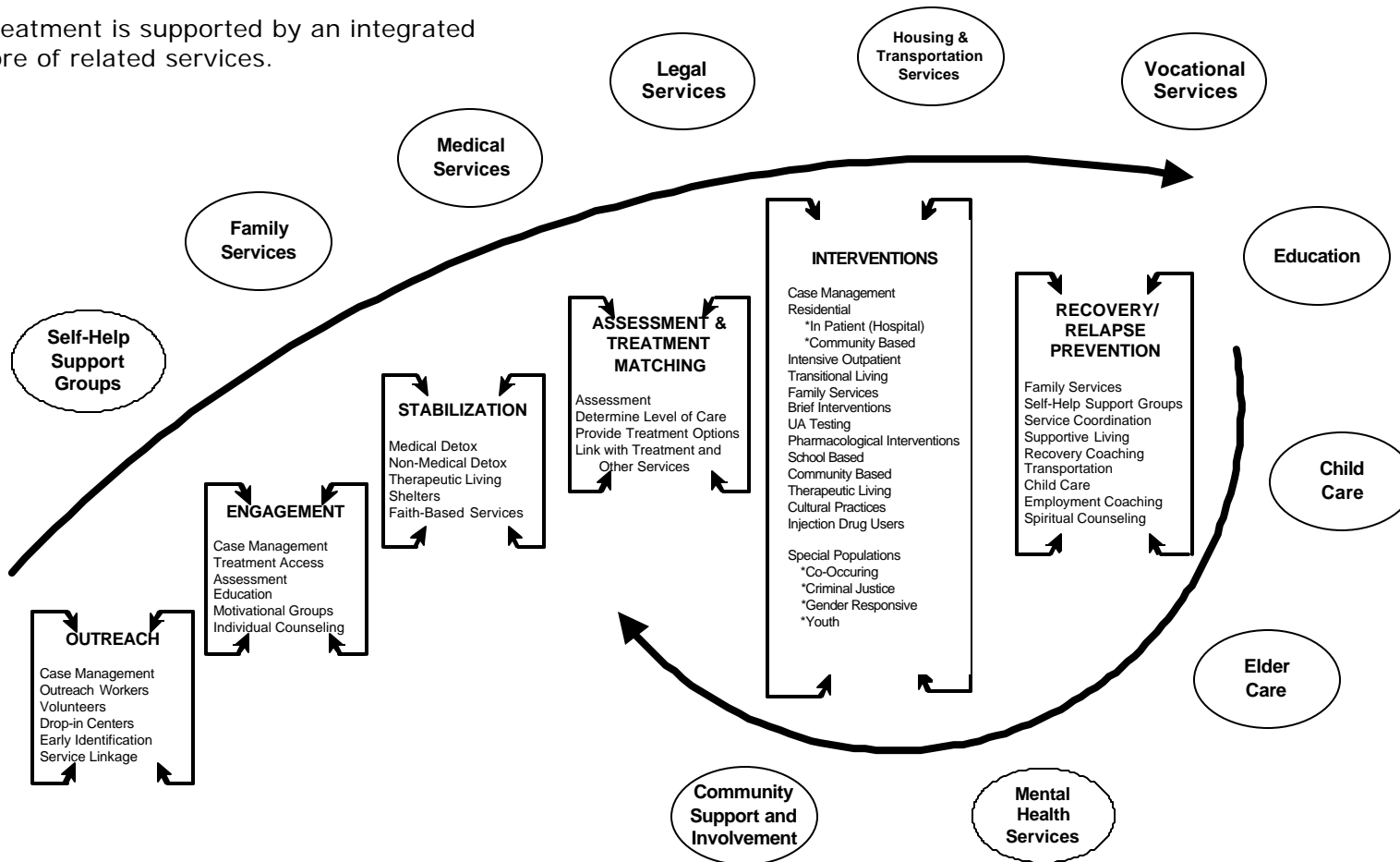
Compelling Case

Strategies for sustainability over time:

- Goal of shared responsibility needs to be in place.
- Leadership that is consistent and nonpartisan must be sustained with clearly-defined responsibilities and parameters.
- Need resources (\$) to measure outcomes and to sustain the shared responsibility/leadership process.
- ADAD funding to obtain consistent data on outcomes.
- Training and support for departments and agencies to develop collaboration skills.

Figure 2. Treatment Continuum of Care

Treatment is supported by an integrated core of related services.



The treatment continuum of care is a fluid process, in which individuals will "move" or cycle through the continuum as their needs dictate. There is no "beginning and end" as recovery is a lifelong process.

A coordinated network of resources is necessary and available to support the service array.

LEGAL ISSUES

The Legal Issues Committee reviewed five areas of concern. Their objective was to reach consensus on recommendations that would amend laws addressing illegal drug use in Hawai'i. Although numerous subjects merited further consideration, time constraints kept the discussion focused on these five areas.

The committee was successful in reaching consensus in several areas, but could not resolve differences on all issues.

Simultaneously, the Legal Issues Committee sought input from other committees vis-à-vis their legal concerns, which in turn provided helpful insights to committee deliberations.

There is much to be considered in the area of legal changes; however, changes should be made with conscious deliberation as to the ramifications to other areas of the law. Laws should be consistent and just in their application. The committee truly believes that consensus can be built if all viewpoints are considered when drafting legislation.¹⁷

LEGAL ISSUES

Action Recommendation

1. Probation Records

HRS §706-63 allows for the distribution of certain information to law enforcement that would be equally helpful to the treatment community, but the law does not permit access by treatment professionals to this information.

► **Outcome of Discussions**

The committee reviewed a draft bill which would allow information sharing with treatment providers. A suggested addition to the draft bill was a “notice” provision to inform a defendant when such information is being shared. The committee agreed to form a working group to review possible changes so that a bill can be offered as a multi-agency joint effort.

Compelling Case

Communication between all participants in the rehabilitative process is imperative.

The consensus is that treatment of drug offenders is critical to the success of probation. Presently, public safety agencies have access to information developed by Adult Probation. Treatment would be enhanced if drug treatment providers had all pertinent information about the defendant.

Action Recommendation

2. Act 44

Numerous amendments were made to laws prohibiting drug distribution and use during the 2004 legislative session. Unfortunately, it was determined by the committee that many of these changes appeared to be inconsistent with the intent of the Act and contradict its stated public policy.

► Outcome of Discussions

Act 44 amended many laws relating to illegal drug use including sentencing provisions, but changes to sentencing were discussed separately. The committee recommends repealing all new methamphetamine provisions enacted by *Act 44* and reinstating mandatory prison sentences for violations of “A” and “B” felonies.

3. Selected Drug Sentencing Provisions

Certain sentencing provisions that were affected by *Act 44* were examined for appropriateness.

► Outcome of Discussions

This committee was unable to agree on changes to the sentencing laws which were affected by *Act 44*.

Compelling Case

Drug laws must be consistent in their application.

Many of the provisions of *Act 44* are inconsistent with existing laws, the public policy underlying *Act 44*, and current drug laws. Several new provisions actually reduced the penalties for certain offenses while incongruously increasing others. Allowing *Act 44* to remain in its current version would result in an unjust application of the law.

Sentencing should be consistent with public policy, reflect the seriousness of harm to society, and allow for reasonable efforts to rehabilitate the offender while also considering those harmed by the offender’s actions.

Action Recommendation

4. Wire Tap Law

During the 2004 legislative session, House and Senate versions of a wiretap bill were close to approval but died in conference committee. The committee agreed to look at possible revisions to the current wiretap law.

► Outcome of Discussions

The committee believes that an agreement may be reached on amendments to the current wiretap law. Members of our committee, who have background and experience in this area, have agreed to form a working group to prepare a draft bill which can be supported by law enforcement, privacy rights proponents, and civil liberties advocates.

5. Consensual Encounters

Law enforcement believes that both “Walk and Talk” and “Knock and Talk” are tools that can be effectively used at Hawai`i airports and in our community to combat illegal drug activity.

► Outcome of Discussions

This committee was unable to reach a consensus regarding a constitutional change that would permit the use of “Walk and Talk” and “Knock and Talk” by investigative agencies in State proceedings. There was disagreement as to whether present law even prohibits consensual encounters in Hawai`i.

Compelling Case

Search and seizure laws must be revisited.

Law enforcement believes wire taps are important tools, but have been underutilized due to perceived problems relating to the security of an ongoing investigation. Law enforcement also believes that without change to existing laws successful prosecution of drug distribution organizations will be hampered.

Privacy rights proponents and civil liberties advocates believe that the law presently allows for such enforcement.

Law enforcement believes that, based on case law unique to Hawai`i, consensual encounters cannot be used either at the airport (Walk and Talk) or in neighborhoods where suspected “drug houses” may exist (Knock and Talk). Allowing this procedure would give the police an additional investigative tool.

Privacy rights proponents and civil liberties advocates believe that the existing consensual encounter laws give law enforcement adequate tools to combat drug crimes.

COMMUNITY MOBILIZATION

Community leadership is critical to the success of the State's campaign against substance abuse. Many communities across Hawai'i have taken the initiative in this campaign, and their efforts need to be strengthened and sustained by government.

What was clear to Community Mobilization Committee members was that each Hawai'i community is unique and that no one-size-fits-all model can be successfully imposed from the outside. Rather, each community needs to develop and take ownership of its own unique, culturally appropriate approach.

The committee acknowledged from the outset that some communities have begun already to mobilize successfully to address substance abuse issues both in Hawai'i and elsewhere. Some of these successful programs are noted, and it is suggested that communities use them as a menu of possible approaches, rather than as prescriptions. The qualities and values that these initiatives hold in common are also identified.

In order to establish a more effective partnership between the public and the private sector, the Community Mobilization Committee recommends that a new Council be created by statute and publicly funded. The Council's purpose will be to provide capacity building and coordination for community-based efforts to address the problem of substance abuse.

The Council will be a single point of contact with offices on each island, accessible to all communities wishing to take action. By tracking baseline data and outcomes, the Council would help to establish what success would look like in a given community. It would provide capacity-building training and support for community members, enabling them to better facilitate the development of a program by the community, adapting aspects of successful models or inventing new ones.¹⁸

COMMUNITY MOBILIZATION

Action Recommendation

1. Establish a single point of responsibility, such as a Council with community representation, to develop and implement a system to identify, train, and support key stakeholders in community mobilization skills.

The Council would meet these criteria:

- a. **Purpose:** The Council will build the capacity of communities to address substance abuse issues and assist communities by coordinating information and resources.
- b. **Autonomy:** The Council will be a public/private partnership that gives community members control over decision-making, in cooperation with government.
- c. **Establishment:** The Council will be mandated by statute and appropriated sufficient funds to carry out its mission.
- d. **Funding:** The Council will be publicly funded and empowered to seek funds from other governmental and private sources.
- e. **Locations:** To ensure community access and input statewide, the Council will establish at least one branch office on every major island—Kaua`i, O`ahu, Moloka`i, Lana`i, Maui, and Hawai`i. Islands with larger populations and/or geographic areas, such as O`ahu and Hawai`i, should have at least two branches. The Council should site its services in existing community-based organizations.

Compelling Case

The committee identified a set of models that demonstrate that community mobilization can be an effective strategy to combat drug abuse and other problems to which drug abuse contributes and leads to abusive behaviors. (See Appendix B.) The committee suggests that communities adapt elements of these models they feel are relevant to their unique circumstances.

These model programs include:

- Kaua`i's "Hukilau" Community Mobilization Project
- Moloka`i's Community Mobilization Model
- Maui's Community Mobilization Model
- Lana`i's Community Mobilization Model
- Community Mobilization Road Map

The committee also compiled a "Checklist of Key Qualities or Values for Community Organizing Efforts," which it offers as criteria for developing a successful community mobilization strategy.

Successful strategies...

- ✓ Are culturally responsible, demonstrating care and concern for our communities.
- ✓ Are an integral part of a holistic system.
- ✓ Are sustainable, exhibiting various types of sustainability, such as self-sufficiency, long-term funding, and other necessary resources.
- ✓ Lead to long-term changes in community norms.

COMMUNITY MOBILIZATION

Action Recommendation

- f. **Membership:** Council membership should be diverse and include representatives from each major island. Members should be drawn from community-based interest groups including:
 - Community residents
 - Self-help groups
 - Businesses
 - Service organizations
 - Faith-based organizations
 - Youth
- 2. Task the Council to:
 - a. Establish baseline data on existing Knowledge-Attitude-Practice regarding substance use and related issues.
 - b. Develop criteria to identify stakeholders to be included in community-specific and statewide stakeholder listings.
 - c. Develop criteria to measure “success” of community mobilization.
 - d. Develop core elements of community training and mobilization, including incentives and support mechanisms, and an approval process for community-specific modifications.
 - e. Identify and mobilize stakeholders, using community-appropriate strategies.

Compelling Case

Successful strategies ...

- ✓ Are based on economic reality.
- ✓ Are empowering for both the community and individuals.
- ✓ Foster leadership.
- ✓ Engage the spirit of volunteerism.
- ✓ Enhance community pride.
- ✓ Are collaborative.
- ✓ Are inclusive, involving all sectors.
- ✓ Are community-driven, community-responsive, and community-determined.
- ✓ Are accountable at all levels, having benchmarks or other measures of success.
- ✓ Lead to self-sufficiency. Are a hand up, not a handout –*kako`o, not kokua*.
- ✓ Are undertaken only when a community is ready.

COMMUNITY MOBILIZATION

Action Recommendation

- f. Empower and train stakeholders to develop and execute a community mobilization model that is not prescriptive, but is culturally appropriate.
 - g. Train, educate, and support agencies to understand the norms of each community and assure a holistic, sustainable, and collaborative approach to providing services.
- 3. Each community utilizes the model it selects to identify actions for social change that strengthen its community.

MULTI-SECTOR COLLABORATION

From the beginning, the Multi-Sector Collaboration Committee was clear that any effort to improve collaboration should take full advantage of and build upon what was already in place in communities of interest. Frequent examples included the Federal Weed and Seed program, Kauaʻi and Hawaiʻi island efforts, and law enforcement's High Intensity Drug Trafficking Area (HIDTA) program. Because the committee's membership included representatives already involved in these kinds of coordination efforts, the focus of discussion was on how efforts could be linked and strengthened statewide.

In depth discussions centered on the structure, functions, and operating principles that would help to create a more effective statewide system. In the end, the committee felt that the structure should require key communities of interest (e.g., each island, State government, Federal government) to coordinate internally and identify representation to a statewide Council. The Committee recognized that coordination might be particularly

challenging for State government, but that coordination and collaboration among State agencies was integral to achieving multi-sector collaboration.

The committee sought the input of other committees and believes that its model of the Council is generally consistent with the one described by the Community Mobilization Committee, although the latter is more specific in its identification of roles and organization of the Council.

The Multi-Sector Committee proposed that the Council be configured flexibly so that it can respond appropriately to the differing arrangements and needs of various island efforts. As the Council begins its work, it should have the ability to add membership and do what is necessary to make it as effective as possible. The key point in both the Multi-Sector and Community Mobilization versions is that the Council is intended to support, not direct, the efforts of communities.¹⁹

MULTI-SECTOR COLLABORATION

Action Recommendation

Create a Statewide Coordinating Council to serve as a support to Hawai'i's agencies, organizations, and communities to combat the war on drugs.

- In creating the Council, draw some membership from current working groups to provide continuity.
- To ensure that the Council serves its purpose as intended, allow further discussion of operating details, considering issues noted, as the Council begins to meet.
- The Council would help to coordinate across all sectors and provide an easily accessible clearinghouse of reliable information and resources and other appropriate services.
- A comprehensive, flexible structure will improve the delivery of support to local communities, aid communication, minimize duplication of effort and wasted resources, and increase opportunities for partnership formation.

Important Aspects of the Issue

- Consider the utilization of existing community groups/structures to serve as “Island Teams.”
- Consider that the “needs” will be generated by communities and not be government-driven or prescribed directives.
- Consider the addition of an executive group to facilitate action of the larger group.
- The intent is for the process to be fluid and flexible so that the opportunity for partnerships can happen at any level of interaction.

The following graphics (See Figures 3 and 4.) depict how each island's initiative would be represented at the Council, as would the State and Federal governments. Note that island representation could in some cases be a delegate from county government, but those working at the island level would determine the appropriate person. Key functions that might be centralized in the Council are indicated by rectangles. Ad hoc and implementation teams (shown attached to an island team) illustrate how islands' local activity could be organized. The “basket” displays the supportive nature of the statewide Council and the free flow of information and collaboration among all elements.²⁰

Figure 3. Structure for Coordinating Council

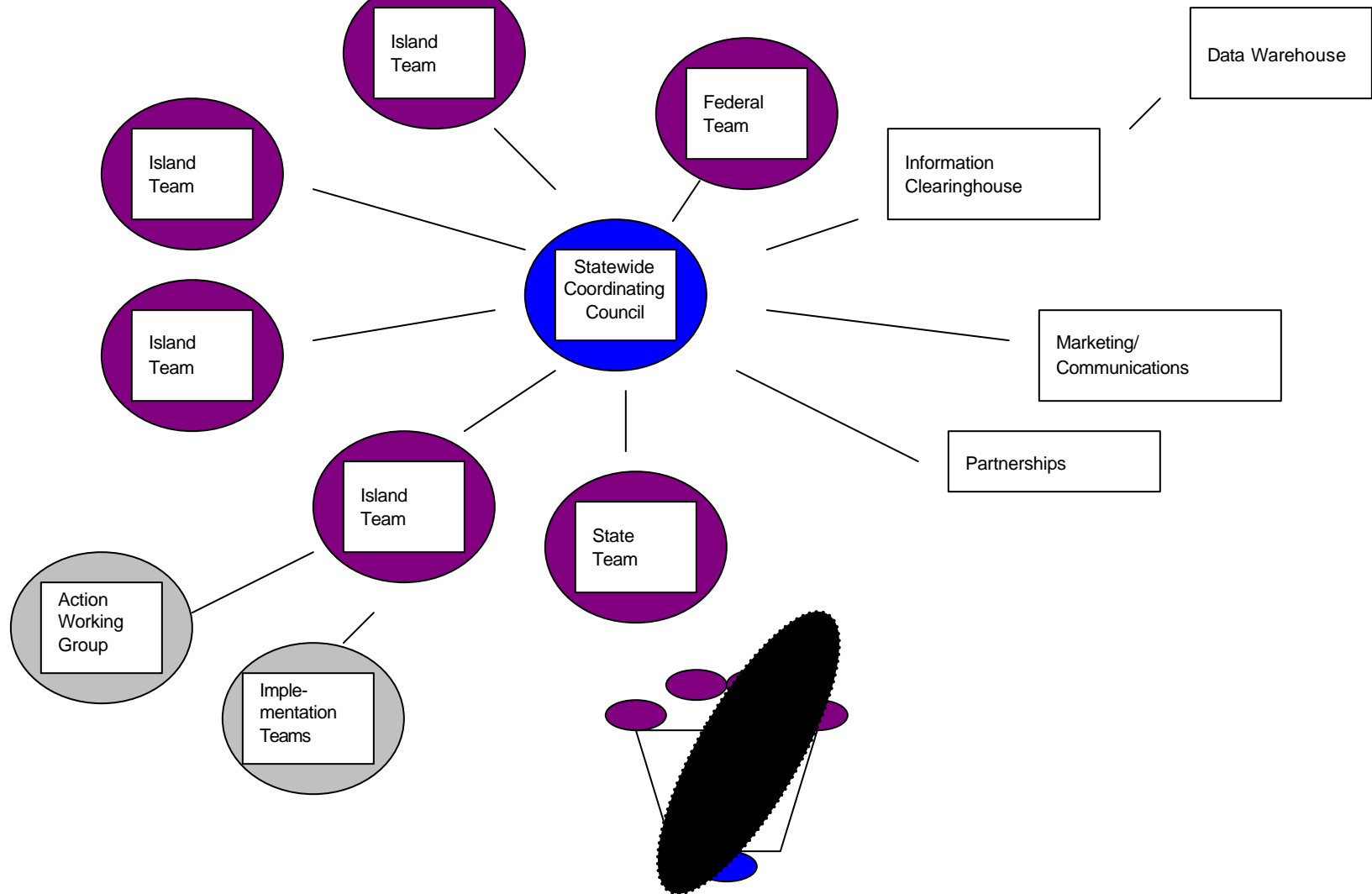
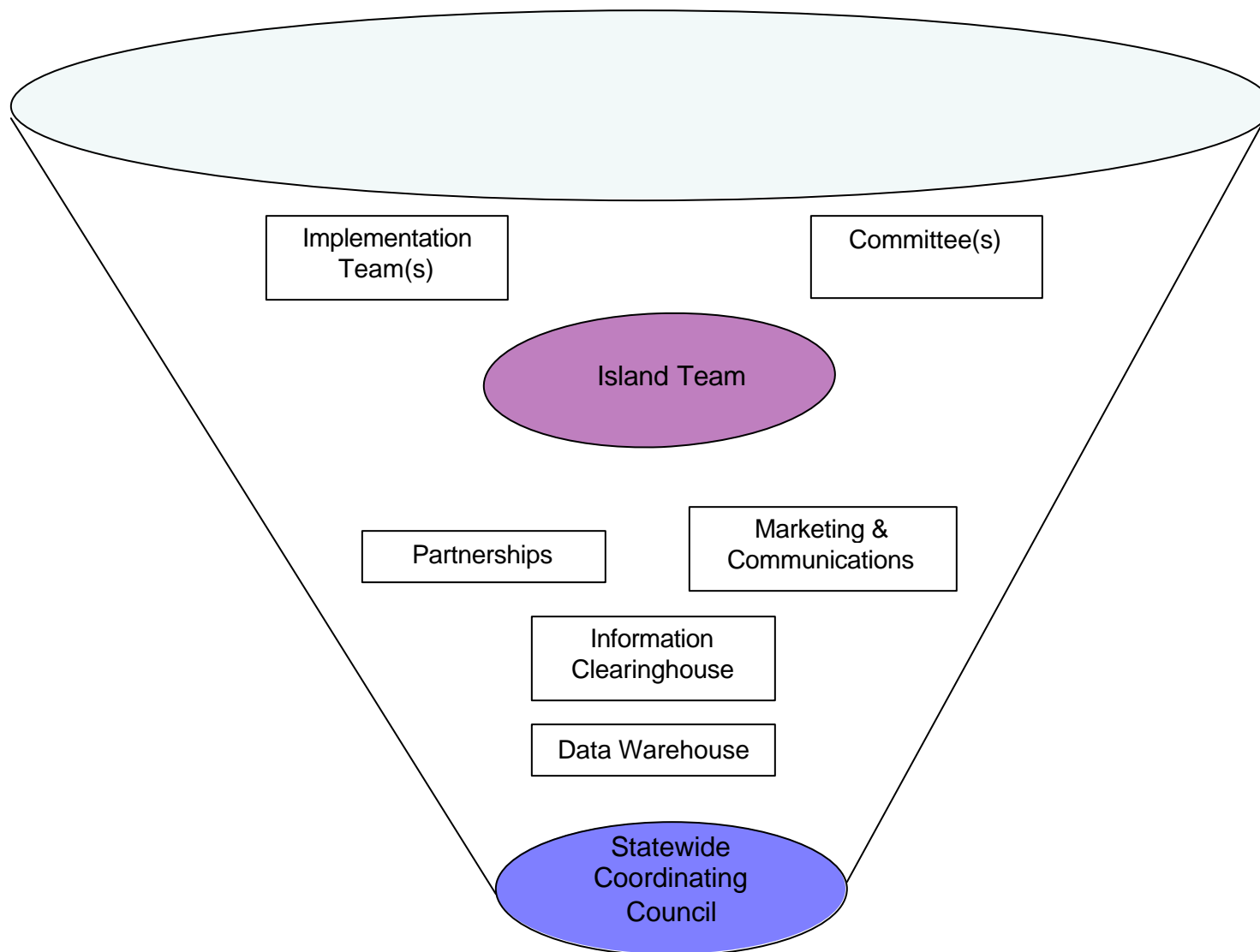


Figure 4. Details of the Coordinating Council



Report of the Hawai`i Drug Control Action Working Group

Next Steps

This Report heralds a new level of optimism and hope for the State and its residents as we undertake the next phase. The hard work and vision of the Prevention, Treatment, Legal Issues, Community Mobilization, and Multi-Sector Collaboration committees produced designs for a future that reflected a truly comprehensive perspective of how we can lessen, if not eliminate, substance abuse and underage drinking. The Report reflects the first time such a wide range of individuals have gathered together to create a *statewide* plan—one that builds on previous and ongoing initiatives in community, government and private sectors.

Next steps will be based on selecting efforts that are achievable in the near future and would benefit the greatest number in our communities. In January 2005, the Hawai`i Drug Control Plan will be released and will outline the State's course of action.

Among the first considerations is the cost—both human and financial—that will be incurred to implement the recommended actions. It may be that the scope of the proposed actions is greater than what can be supported by the resources currently available. Given this scenario, government must make hard, strategic decisions as it decides how to proceed. Competing priorities affect the ability of the State to meet its objectives, and under current

budgetary restrictions, finding the resources to implement new initiatives is challenging.^{21, 22}

As demand for solutions grows, the State must find new approaches and ensure that we derive maximum benefit from the resources available. The objective is to draw the best ideas from the recommended actions. Transforming policy into viable mechanisms would enable individuals, communities, and organizations to develop highly focused actions and direct resources where they are most needed.²³

Also, we need to keep in mind that the Plan, like its companion piece, the Hawai`i Drug Control Strategy, must be evaluated on a regular basis and evolve to reflect the changing needs of communities.

What remains constant is the commitment of the Office of the Lieutenant Governor to provide the leadership necessary to bring about sustainable change that will result in a better life for the people of Hawai`i. It is a pledge that will abide; however, the Office acknowledges that it cannot work in isolation and needs the support and continued cooperation from all sectors of the community.

The majority of those involved in the action planning process have expressed interest in continuing their participation in the implementation phase. It will be crucial that they remain engaged and active as progress is made.

Equally important is advancing the concept of a State Coordinating Council. The Council will be structured in accordance with the suggestions from the Community Mobilization and the Multi-Sector Collaboration Committees and will serve as a model for a level of collaboration seldom achieved. Council members' task will be to take on systemic change, to invest their time and resources for the long haul, and put aside their individual interests for the common good.

To transcend partisanship, we must learn where our interests intersect, listen to the full spectrum of views, and build community and political consensus to guide future

directions for drug strategy. Political gridlock has no place in this problem that touches us all and does irreparable harm to so many.

The development of this Report is a preliminary step in tackling the problems of substance abuse and underage drinking in our State. The tougher task of its implementation lies ahead.

The commitment and cooperation of those who took part in the action planning process is unprecedented. It speaks to the gravity of the issue in our communities.

Here is the possibility to initiate collective action among diverse groups and the opportunity to restore and reinvigorate our communities. Here is the potential to shape the coming years inspired by our conscience and convictions and begin the journey toward a better future.

ENDNOTES

- ¹ This section was adapted from the *Hawai'i Drug Control Strategy: A New Beginning* (2003) and the *Hawai'i Drug Control Strategy Summit: Pre-Conference Report*. (2003).
- ² Adapted from Song, V. (2004). *Substance Abuse Resources in Hawai'i: Envisioning an Assessment Infrastructure*.
- ³ This section was excerpted from two interim reports on the action planning process—*Hawai'i Drug Control Action Plan Interim Report, June 2004* and *Hawai'i Drug Control Action Plan Interim Report, August 2004*. (2004).
- ⁴ Domingo, L.B. (2004). *Characteristics of Strong Recommendations*.
- ⁵ Song, V. (2004). *Substance Abuse Resources in Hawai'i: Envisioning an Assessment Infrastructure*.
- ⁶ This section was adapted from the *Hawai'i Drug Control Strategy: A New Beginning* (2003) and the *Hawai'i Drug Control Strategy Summit: Pre-Conference Report*. (2003).
- ⁷ Adapted from Song, V. (2004). *Substance Abuse Resources in Hawai'i: Envisioning an Assessment Infrastructure*.
- ⁸ This section was excerpted from two interim reports on the action planning process—*Hawai'i Drug Control Action Plan Interim Report, June 2004* and *Hawai'i Drug Control Action Plan Interim Report, August 2004*. (2004).
- ⁹ Domingo, L.B. (2004). *Committee Member Job Description*.
- ¹⁰ Adapted from the *Hawai'i Drug Control Strategy: A New Beginning*. (2003).
- ¹¹ Adapted from the *Hawai'i Drug Control Strategy: A New Beginning*. (2003).
- ¹² Adapted from *Recommendations for Action*. (2004, September 28). PowerPoint presentation at a Hawai'i Drug Control Action Planning meeting.
- ¹³ Domingo, L.B. (2004). *Characteristics of Strong Recommendations*.
- ¹⁴ Excerpted from *Prevention Committee Recommendations, Hawai'i Drug Control Action Plan: A New Beginning*. (2004, September 28). PowerPoint presentation at a Hawai'i Drug Control Action Planning meeting.
- ¹⁵ Woods, C. (2004). Introduction to Treatment Committee Recommendations. *Hawai'i Drug Control Action Plan: A New Beginning*.
- ¹⁶ Woods, C. (2004). Description and Text for Figure 2: Continuum of Care, Treatment Committee Recommendations. *Hawai'i Drug Control Action Plan: A New Beginning*.
- ¹⁷ Harrison, W. (2004). Introduction to Legal Issues Committee Recommendations. *Hawai'i Drug Control Action Plan: A New Beginning*.

- ¹⁸ Bell, S., & Flanagan, J. (2004). Introduction to Community Mobilization Committee Recommendations. *Hawai'i Drug Control Action Plan: A New Beginning*.
- ¹⁹ Doyle, S., & Ozawa, W. (2004). Introduction to Multi-Sector Collaboration Committee Recommendations. *Hawai'i Drug Control Action Plan: A New Beginning*.
- ²⁰ Doyle, S., & Ozawa, W. (2004). Description of Figures 3 and 4: Structure and Details of Coordinating Council, Multi-Sector Collaboration Committee Recommendations. *Hawai'i Drug Control Action Plan: A New Beginning*.
- ²¹ *Hawai'i Drug Control Strategy Summit: Pre-Conference Report*. (2003).
- ²² Song, V. (2004). *Substance Abuse Resources in Hawai'i: Envisioning an Assessment Infrastructure*.
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